

Mithrah Holistic Services

ABN: 42 894 383 492 | contact@mithrah.com | www.Mithrah.com

Consent Form for Therapeutic Session Management and Contract

Mithrah Holistic Service

Mithrah Holistic Services will need to gather and store personal information from you that is relevant to your current situation as part of providing psychological counselling services to you. This information is a necessary part of the therapeutic assessment, diagnosis and treatment. You do not have to give all your personal information, but if you choose not to, the service with holistic care may not be effective and/or may not be provided up to the standard expected of.

Purpose of collecting and holding information

The information is collected as part of the assessment, diagnosis and treatment of the client's condition, and is seen only by the treating therapist. The treating therapist will normally document what happens during sessions which in turn will enable the therapist to provide relevant and informed therapeutic services.

The information may also be part of our records and will be normally maintained for seven years to meet the legal requirements of the mental health care sector.

Access to client information

You are entitled to access the information from your records unless the counselling contract or the relevant legislation indicates otherwise. You are encouraged to discuss appropriate forms of access with your therapist directly. Processing fees need to be paid when requesting this service which is not part of regular session fees.

Confidentiality

All personal information gathered by your therapist during the provision of the therapy will remain confidential and secure except where:

1. It is subpoenaed by a court, or
2. Failure to disclose the information would place you or someone else at serious and imminent risk, or
3. Your prior approval has been obtained to
 - a) It may be required to provide a written report to another professional agency from time to time (e.g., GP, Psychiatrist, Physical and Mental Health Care team and community workers)
 - b) It may be required to discuss the material with another person, e.g., a parent or a partner or another stakeholder; or disclosure is otherwise required or authorised by law.

Session Time

Each session runs approximately between 40 and 60 minutes depending upon the therapeutic session. The initial session may run for about 1 hour which includes an initial assessment and interview to determine the suitability of the client for the service. The longer session can be up to 1.5 hours. No session will be greater than 1.5 hours unless it is a group session.

Fees and Cancellation policy

The cost of the crisis counselling session starts from \$100 per session. Bulk session discounts may be available. Please mention the plan that was agreed between your therapist and you.

Therapy plan and Fee details

Holistic Therapy

Approximate Session Duration: 60 minutes

Cost Per Session: \$150

Cost Per 5 Sessions: \$525

Individual/Couples/Family Counselling

Approximate Session Duration: 60 minutes
Cost Per Session: \$100 per person
Cost Per 5 Sessions: \$350 per person

Group Counselling

Approximate Session Duration: up to two hours
Cost Per Session: \$50 per person
Cost Per 5 Sessions: \$225

Integrative Psychological Therapy

Approximate Session Duration: 60 minutes
Cost Per Session: \$250
Cost Per 5 Sessions: \$1000

Pro bono Counselling Services

Approximate duration: 40 minutes
Cost per 6 sessions: \$300 must be paid in advance fully.
Also, 6 sessions need to be used in one year from the date of the first session.

GST and credit card processing/surcharge rates may apply.

The therapy plan is _____ and
cost of the therapeutic session is (please specify the agreed amount here) _____. I agree to pay
the session fee in advance using _____ instalment(s).

Session payment must be paid in advance to confirm your session. The bulk session booking may be paid in instalments if
agreed between your therapist and you. If, for some reason, you need to cancel your appointment, you are required to
provide at least 24 hours' notice, otherwise, you will be charged the cost of the session.

I agree that there will be processing fees when I need a copy of any documents from the therapist regarding my counselling
sessions which is not part of standard fees. The processing fees will be based on what document I need.

I (print name) have read and understood this consent form. I agree to these
conditions for the chosen therapeutic service, in this case, psychological counselling, provided by Shyamala Rao at Mithrah
Holistic Services.

I agree that the bank transaction details and statements generated when making therapeutic session bookings can be
used as a reference in the absence of the automated billing/invoice process.

Client's Signature: _____

Date: _____

Client's Name: _____

Therapist's Signature: _____

Date: _____

Therapist Name: _____